SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

> BAYEIELD COUNTY, WIS CONSIN まる

MAY 13 2013

Bayfield Co. Zoning Dept.

Refund:	Amo	Date:	Permit #
nd:	Amount Paid:		nt#:
	#75 5-13-13	5161	13.008
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Correction   Several   Composition   Compo	Comment   Reculation   Mainty   Maint	Other: (explain) ( X			plain)	Other: (explain)		
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Correction   Composition   C	I PRIVY Idress:  CTV, H  Zip:  Town of:  Town	Antistation and the second			e: (explain)	Special Us		
Corry   Korzykarski   Chrystactzer   Chrystactzer	I PRIVY Idress:  CTV, H  Zip:  Town of:  Town							
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# Contractor Phone:    Contractor Phone:   Contractor Phone:   Plumber:   Contractor Phone:	I PRIVY Idress:  C \ /Zip:  Zip:  Vol & Pag  Vol & Pag  Vol & Pag  I Town of:  Town of:  Town of:  Town of:  Town of:  Year Roun			(e)	ome (manufactured da	Mobile Ho		
## Corry Korzykars & Property & Prope	I PRIVY Idress:  C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	+	□ cooking &	leeping quarters,	e w/ (□ sanitary, or □	Bunkhous		
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Corry   Kvez   Mailing Address:   City State/Zip:   City State/Z	I PRIVY Idress:  C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				with (2 <sup>nd</sup> ) Deck			
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LOYTY   KoezaMario K;   Anima address:   All   Colored Color	I PRIVY Idress:  C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		***************************************	hack, etc.)	(i.e. cabin, hunting s	Residence		
Crystate/Zip:   City/State/Zip:   Agent Mailing Address (include City/State/Zip:	I PRIVY Idress:  C \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	( Dii	Ċ	Proposed Structur	<b>structure</b> (first struct	Principal S		Proposed Use
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LORIN KUEZWAGNSK   2777 Cty, HWY C Rhine land ess:	I PRIVY Idress:  C \ /Zip:  /Zip:  Vol & Pag  Vol & Pag  Continue —  Flowage continue —  Flowage continue —  Flowage vontinue —  Vear Roun	Sanitary (Exists)	u u	MINING WILLIAM		n n	Conversion	
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City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   2777 C+V, HWY C Rhine and experty:   2777 C+V, H	I PRIVY Idress:  C \ /Zip:  /Zip:  r Phone:  Town of:  Town of:  Town of:  Town of:  Flowage continue —  Use	Municipal/City	P		1-Story	truction	Vew Cons	
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City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   City/State/Zip:   Contractor Phone:   Plumber:   Contractor Phone:   Contractor Pho	dress:  CTV, H  Zip:  OC V, H  Town of:  Town of:  Town of:  Town of:  Town of:  Flowage  continue —		and a supplied to the supplied					☐ Non-Shoreland
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ALDYN KUCZIMAISK i 2777 Cty, Hwy C Rhine and ess:  W. Tall Leval Lake Rd. Cable W T Systemeris)  Jent: (Person Signing Application on behalf of Owner(s))  Legal Description: (Use Tax Statement)  Lot(s)  Lot(s)  City/State/Zip:  Contractor Phone: Plumber:  Plumber:  Agent Mailing Address (include City/State)  Plus: (23 digits)  O4-0/9-3-44-07-34-4/00-170-07000  Lot(s) No. Block(s) No.	I PRIVY Idress:  CTY, H  /Zip:		nond	Dromm		44	, Township	(v)
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mailing Address:  City/State/Zip:  perty:  Dray Kuezway Ski  2777 Cty, Hwy C Rhine and element:  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  Contractor Phone:  Plumber:  Plumber:  Agent Mailing Address (include City/State/Zip:  Plumber:  Plumber:  Plumber:  Plumber:  Agent Mailing Address (include City/State/Zip:  Od-N/CO-7-2//-/  Od-N/CO-7-2//-/  Od-N/CO-7-2//-/  Od-N/CO-7-2//-/  Od-N/CO-7-2//-/  City/State/Zip:  City/State/Zip:  City/State/Zip:  City/State/Zip:  Plumber:  Agent Mailing Address (include City/State/Zip:  Od-N/CO-7-2//-/	dress:  Cty, H  Zip:  /Zip:  / Phone:	Block(s) No. Subdivisio	(s)to1	Vol & Page	(\$)		A Character of the Control of the Co	
Mailing Address:    City/State/Zip: 546	PRIVY Idress: CTY, H //Zip: //Zip: // //Zip: // // // r Phone:	170-790au	24-4	-44-57	유 달		gal Descrip	
RLOWN KURZIMANSKI 2777 Cty, Hwy C Rhinelander, L Sperty:  Depriy:  OIN/State/Zip:  OIN/State/	DRIVY Idress: C+V. H /Zip:	ss (include City/State/Zip):	gent Mailing Addre			ication on behalf	ı Signing Appli	
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Mailing Address:   City/State/Zip:	□ PRIVY	C 2	0	5		Shouz	7	Serome & Lorr
of permit requested> 🗶 land use 🛭 Sanitary 🖺 privy 🖺 conditional use 🗇		SPECIAL L	CONDITIONAL	□ PRIVY □	□ SANI		ESTED-	TYPE OF PERMIT REQU

Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

Date

Address to send permit

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Authorized Agent:

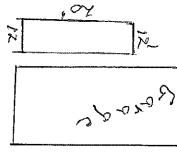
(If you are signing on behalf of the

r(s) a letter of authorization must accompany this application)

sign or letter(s) of authorization must accompany this application)

Show: Show:

Show any (\*): Show any (\*):



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

Setbacks: (measured to the closest point)

Description	Measurement		Description	Measurement
Setback from the Centerline of Platted Road	- بې	Feet	Setback from the Lake (ordinary high-water mark)	ILO J Feet
Setback from the Established Right-of-Way	8	Feet	Setback from the River, Stream, Creek	N/H Feet
·	*	Lesson.	Setback from the Bank or Bluff	NH Feet
Setback from the North Lot Line 1669 (1)	7	Feet		A
Setback from the South Lot Line しゅんじ	V4	Feet	Setback from Wetland	/V//>Feet
Setback from the West Lot Line	+08	Feet	Setback from 20% Slope Area	NA Feet
Setback from the East Lot Line	35	Feet	Elevation of <b>Floodplain</b>	/V/+ Feet
		G1.		
Setback to Septic Tank or Holding Tank	25	Feet	Setback to Well	√/H Feet
Setback to <b>Drain Field</b>	S O	Feet		
Setback to Privy (Portable, Composting)	2	Feet		
Prior to the placement or construction of a structure within ten (10) feet o	of the rhinimum required se	tback, the	Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the	previously surveyed corner to

usly surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

## (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code. The Iocal Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	# of bedrooms:	Sanitary Date:	
Permit Denied (Date):	Reason for Denial:			ATT
Permit # 13 -0088 01.1 1 1	Permit Date: 5-16-13	:13		
Is Parcel a Sub-Standard Lot XYES (Deed/diffecord) 1/11/1   Is Parcel in Common Ownership	ZNo ZNo	quired □Yes XNo tached □Yes XNo	Affidavit Required Affidavit Attached	□ Yes XNo □ Yes XNo
Granted by Variance (B.O.A.) Yes ★Wo Case #:	Prev	Previously Granted by Variance (B.O.A.)  U Yes   No Case #	# ***	
Was Parcel Legally Created <b>XYes</b> □ <b>No</b> Was Proposed Building Site Delineated <b>XYes</b> □ <b>No</b>		Were Property Lines Represented by Owner Was Property Surveyed	X Yes X Yes	□ No
Inspection Record: Taked. Moets all sollacles	V solvacles:		Zoning District $(R-)$ Lakes Classification $(A)$	(R-/)
Date of Inspection: $S-15-13$	Inspected by: //// . +/	WILL	Date of Re-Inspection:	tion:
Condition(s):Town, Committee or Board Conditions Attached? Ses Seo (If No they need to be attached.)  May mother used for human notiteation.	ned? Tyes No-(If No the)	y need to be attached.)		
Mo water under pressure in structure.	y structure.			
Signature of inspector: Michael Linter			Date of Approval	3-13
Hold For Sanitary: Hold For TBA:	Hold For Affidavit:	Hold For Fees:		- Harden Company of the Company of t